

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO 10608515 FILING DATE \_\_\_\_\_  
 APPLICANT(S) \_\_\_\_\_

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. <u>7</u>						
TOTAL DEP. <u>15</u>						
TOTAL CLAIMS <u>22</u>						

  

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TOTAL IND. <u>          </u>						
TOTAL DEP. <u>          </u>						
TOTAL CLAIMS <u>          </u>						

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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